

Michigan Medicaid ListServ

To join the LISTSERV:

1. Send an email message to LISTSERV@LISTSERV.MICHIGAN.GOV
2. In the subject field, type SUB <LISTNAME>
3. In the message body, type SUBSCRIBE <LISTNAME> <Your Name>

From:	John Doe
To:	LISTSERV@LISTSERV.MICHIGAN.GOV
Subject:	SUB ALL_PROV
SUBSCRIBE ALL_PROV John Doe	

Any questions or problems please send an email to ProviderOutreach@michigan.gov with a subject of LISTSERV.

LISTNAME: ALL_PROV

This list will provide information for all Medicaid Providers. All emails that are submitted through any of the lists below will also be submitted through this list. If you would like to receive all notifications, you will **only** need to sign up for this ListServ.

LISTNAME: PRO_PROV

This list will provide information for all Professional Providers. Provider Types that are included in these postings will be types 10, 11, 13, 14, 16, 18, 23, 31, 77, 80, 85, 87, 90, and 94.

LISTNAME: INST_PROV

This list will provide information for all Institutional Providers. Provider types that are included in these postings will be types 15, 21, 22, 30, 40, 41, 60, 61, 62, 63, 64, 65, 68, 69, 70, 71, 72, 73, and 75.

LISTNAME: DENTAL_PROV

This list will provide information for all Dental Providers. Provider types that are included in these postings will be types 12 and 74.

LISTNAME: ELECTRONIC_BILLING

This list will provide information for all billing agents or electronic submitters. Anyone interested in electronic billing and updates may sign up for this listing.

LISTNAME: CMH_PROVIDERS

This list will provide information for Community Mental Health Providers.

LISTNAME: MHP_PROV

This list will provide information for Medicaid Health Plans.

LISTNAME: MICHILD_PROV

This list will provide information for MiChild Providers.

LISTNAME: SBS_PROV

This list will provide information for School Based Services Providers.